

In the 6th case the parietal visceral peritoneum was thickly covered with kernels of varying size, and the mesentery was drawn up in a hard ball, and the intestines were drawn toward the right hypochondrium. After the removal of $2\frac{1}{2}$ litres of greenish fluid the circumference of the abdomen was hardly diminished. The wound healed perfectly, and the patient is yet in the hospital.—*Deutsche Med. Wochen.*, No. 32, 1889.

F. C. HUSSON (New York).

IV. Contributions to the Surgery of the Liver. By DR. C. GARRE (Tübingen). This is practically the description and discussion of four operated cases. Hesitation in operating on the liver has been due not simply to the danger of sepsis but also to the fear of haemorrhage and intraperitoneal effusion of gall. Edler (*v. ANNALS*, November, 1887) has shown that traumatic injuries of this organ are not so fatal as commonly supposed.

I. *Extirpation of an Echinococcus of the Liver by Resection of a Portion of the Right Lobe.* This patient was an otherwise healthy woman, æt. 44 years. Of the abdominal tumor it could only be made out with certainty that it was not connected with the genital organs. Exploratory laparotomy. The tumor was found to be attached to the quadrate lobe of the liver by a thin hand-wide pedicle. Otherwise there was only a slight adhesion to the omentum. The pedicle was doubly tied in several portions and touched with the thermocautery at the thickest part. The ligatures (of silk) frequently tore the tender liver-tissue; the resulting haemorrhage was controlled by compression with sponges. Thus there was left a gaping liver wound 10 or 12 by 3 cm. in size. This was disinfected further with sublimated sponges and the abdominal wound closed. The tumor proved to be a living echinococcus covered by a thin though variable layer of liver-parenchyma. Further course uninterrupted was allowed to get up at the end of 2 weeks, and was discharged 5 days later.

An exactly similar operation Garré was unable to find recorded, still it was only going a step further than in the method of late introduced by the French school (Terrier and others).

II. *Shot-Wound of the Liver Removal of a Prolapsed Portion of the Liver. Cure.* This was furnished by Bruns from the Franco-Prussian war. A soldier received a chassepot-ball in the right axillary line. A nut-sized piece of liver in the exit opening, about in the middle line, was immediately removed. Uninterrupted cure, so that the man was able to resume his duties in 2 months.

III. *Excision of a Cancerous Nodule from the Liver. Recovery.* A man, æt. 50 years. Greatly debilitated. Tumor in abdomen for 6 months. Exploratory laparotomy. Tumor of uncertain origin, though extensively adherent to the parietal peritoneum. In the border of the right lobe of the liver, beside the *incisura hepatis*, was a yellowish pea-sized nodule. A hazelnut-sized piece of liver tissue enclosing the nodule was excised with the knife and the wound seared with the thermo-cautery. This proved to be a metastatic cancer-nodule, hence removal of the main tumor was not undertaken but the abdominal wound closed. No mishaps.

The recent operations of Langenbuch, Thornton, Tait and Burckhardt directly in the liver substance are briefly mentioned. Recent experiments by Jenny in Socin's laboratory have shown that no bacteria develop from inoculating nutritive gelatine with bile. Similar evidence was furnished by Uhde's case of rupture of a gall-duct ending in recovery. Hence Garré concludes that we can dispense with drainage in wounds of the liver when antiseptic.

IV. *Tropical Liver-Abscess. Cure by Puncture.* This case was from the practice of Socin in Basle, a man, æt. 36 years, who had lived in Sumatra, but did not develop his trouble until his return to Europe. In aspirated pus no bacteria were to be found, nor were various cultures and animal experiments otherwise than negative. Since the observation was made, however, Kartulis has shown that the abscess-membrane yields the amœba of dysentery or other micro-organisms in most cases. Twice punctured with large trocar; and drained for some days with boric and iodoform injections.—*Brun's Beiträge f. klin. Chirg.*, 1888 bd. iv, hft. i.